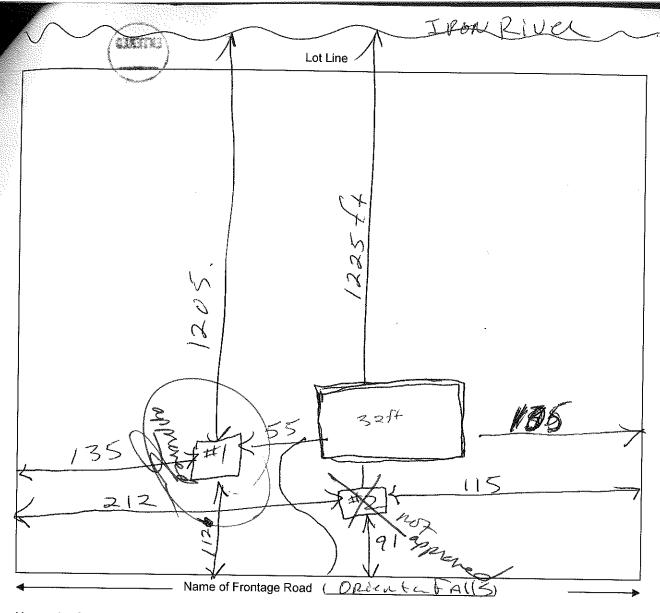
BAYFIELD COUNTY SANITARY PERMIT APPLICATION

1	

Zoning District_ Lakes Class_

	Soil Test 2 6 Sounty No: 0 16-0289
Property Owner's Name:	County: AUG 0 4 2016 Bayfield
BARBARA ELFSTRAND	
Address of Property:	Property lengation Zoning Dely 1/2
81365 Orientafalls Rd	NW4 SW 14, 8 3 T 49 N, R 7 E (Or)W
Property Owner's Mailing Address: 865 Johnson Plany St PAUL, MN 55106	Township: Gov. Lot #:
LOGA, CASA	LOT# DIOCK #. Subdivision Name of Colvi #.
II. TYPE OF BUILDING: (Check One)	Parcel ID
State Owned	Tax Number(s):
Public (Explain the use/purpose)	25143
1 or 2 Family Dwelling - No. of Bedrooms/	on line B, if applicable)
	Private Interceptor
Reconnection Repair Revision	n ** Transfer of Owner (List Previous Owner below)
<u></u>	
B) A Sanitary Permit was previously issued. <i>Previou</i>	s Permit Number:Date Issued:
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replace	ements need previous permit number and date filled out above
C) Pit Privy Vault Privy (Vault size: 20	Ogallons orcubic yards)
C) Pit Privy Vault Privy (Vault size:	yanons ofcubic yards)
Portable Privy Camping Transfer Unit Contain	er Composting Toilets Incinerating Toilet
V. ABSORPTION SYSTEM INFORMATION:	
**	pading Rate 5. Perc. Rate 6. System 7. Final Grade 5. / Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet)
Per Day Required (Sq.Ft.) Proposed (Sq. Ft.) (Gals	s. / Day / Sq.Ft.) (Min. Inch) Elev.(Feet) Elev. (Feet)
VI. TANK Capacity	
INFORMATION: In Gallons Total # of Ma	nufacturer's Prefab. Site Steel Fiber- Plastic App.
	nufacturer's Prefab. Site Constructed Steel Fiber-glass Plastic App.
In Gallons Total Gallons Total Gallons Tanks	Steel . Plastic .
In Gallons Total Gallons Total Gallons Tanks Marging Tanks Tanks Marging Tanks Tanks Marging Tanks Tanks Tanks Marging Tanks Tanks Marging Tanks	Steel . Plastic .
In Gallons Total Gallons Total Gallons Tanks	Steel . Plastic .
INFORMATION: In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT:	Name Concrete Constructed Steel glass Plastic App.
INFORMATION: In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit	Name Concrete Constructed Steel glass App. App. e sewage system shown on the attached plans.
INFORMATION: In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above	Name Concrete Constructed Steel glass Plastic App.
INFORMATION: In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above	Name Concrete Constructed Steel glass Plastic App. e sewage system shown on the attached plans. Owner's Signature(s): (No Stands)
INFORMATION: In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite Owner's Name(s): (Print) If applying for Section C above	Name Concrete Constructed Steel glass App. App. e sewage system shown on the attached plans.
INFORMATION: In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite the undersigned of the consite the undersigned of the consite the undersigned of the consite the undersigned of the undersig	Name Concrete Constructed Steel glass Plastic App. e sewage system shown on the attached plans. Owner's Signature(s): (No Stands)
INFORMATION: In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above	Name Concrete Constructed Steel glass Plastic App. The sewage system shown on the attached plans. Owner's Signature(s): (No Stamps) MP/MPRSW No:
INFORMATION: In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY	Name Concrete Constructed Steel glass Plastic App. The sewage system shown on the attached plans. Owner's Signature(s): (No Stamps) Plastic App. Plastic App. MP/MPRSW No: Business Phone:
In Gallons Total Gallons Tanks New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsite the undersigned of the section C above Plumber's Name (Print) If applying for Section C above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY Disapproved Sanitary Permit	Name Concrete Constructed Steel glass Plastic App. The sewage system shown on the attached plans. Owner's Signature(s): (No Stamps) Plastic App. Plastic App. MP/MPRSW No: Business Phone:
INFORMATION: In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit of the undersigned in the septiment of the onsit of the undersigned in the septiment of the onsit of the undersigned in the u	e sewage system shown on the attached plans. Owner's Signature(s): (No Stamps) er's Signature: (No Stamps) MP/MPRSW No: Business Phone: /Transfer Fee: Date Issued: Issuing Agent's Signature / Date:
INFORMATION: In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY Approved Owner Given Initial Adverse Determination	e sewage system shown on the attached plans. Owner's Signature(s): (No Stamps) er's Signature: (No Stamps) MP/MPRSW No: Business Phone: /Transfer Fee: Date Issued: Issuing Agent's Signature / Date: 9-1-16
INFORMATION: In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY Approved Owner Given Initial Adverse Determination IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPRO	Name Concrete Constructed Steel glass Plastic App. Description of the attached plans. Owner's Signature(s): (No Stamps) Plastic App. Description of the attached plans. Owner's Signature(s): (No Stamps) MP/MPRSW No: Home Phone: Business Phone: VAL:
INFORMATION: In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY Approved Owner Given Initial Adverse Determination IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPRO	Name Concrete Constructed Steel glass Plastic App. Description of the attached plans. Owner's Signature(s): (No Stamps) Plastic App. Description of the attached plans. Owner's Signature(s): (No Stamps) MP/MPRSW No: Home Phone: Business Phone: VAL:
INFORMATION: In Gallons New Existing Tanks Septic Tank or Holding Tank Lift Pump Tank / Siphon Chamber VII. RESPONSIBILITY STATEMENT: I the undersigned, assume responsibility for installation of the onsit Owner's Name(s): (Print) If applying for Section C above Plumber's Name: (Print) If applying for Section A or B) above Plumber's Address: (Street, City State, Zip Code) VIII. COUNTY / DEPARTMENT USE ONLY Approved Owner Given Initial Adverse Determination	Name Concrete Constructed Steel glass Plastic App. Description of the attached plans. Owner's Signature(s): (No Stamps) Plastic App. Description of the attached plans. Owner's Signature(s): (No Stamps) MP/MPRSW No: Home Phone: Business Phone: VAL:

Plot Plan on reverse side



- 1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- Show the approximate location and size of the building.
- 3. Show the location of the well, septic tank and drain field.
- 4. Show the location of any lake, river, stream or pond if applicable.
- 5. Show the approximate location of other existing structures.
- 6. Show the approximate location of any wetlands or slopes over 20 percent.
- 7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic / holding tank to closest lot line
 - e. Septic/holding tank to building
 - f. Septic / holding tank to well
 - g. Septic / holding tank to lake, river, stream or pond
 - h. Privy to closest lot line

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY

Privy to building

- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- I. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond
- o. Well to building

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891